U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

| For | Official to Doly |
|-----|------------------|
| _   | ( AUG 16 PAUD )  |
| E   | G. M. O.         |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| E CLOUDE   |  |  |  |  |
|--|--|--|--|--|
| 1 File Number U - 98-98  | 2 Fiscal Year Covered From   |  |  |  |
|  | 1 / 1 / 2004 Through 12 / 31 / 2004  |  |  |  |
| 3 Name and address of person filing  | 4 Name, file number, and address of labor organization                         |  |  |  |
| Name   Donald   J   Kanlewski  | Name Laborers' International Union of North America                            |  |  |  |
|  | Labor Organization File Number 000-131   |  |  |  |
| P O Box, Bldg , Room No , if any   | P O Box, Building and Room Number, if any                                      |  |  |  |
| Street 905 16th Street, N W  | Street 905 16th Street, N W  |  |  |  |
| City Washington  | City Washington  |  |  |  |
| State District of Columbia ZIP Code + 4 20006-1703   | State District of Columbia ZIP Code + 4 20006-1703                             |  |  |  |
| 5 Position in labor organization Political Director  |  |  |  |  |
| 6 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P O Box Bldg , Room No , if any   | 7 a Nature of Interest, Transaction, or Income                                 |  |  |  |
| Street   | 7 b Amount   |  |  |  |
| City   | CONTRACTOR STATES AND                      |  |  |  |
| State ZIP Code + 4   |  |  |  |  |
| Signature  |  |  |  |  |
| 15 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the set Signed.) | ying documents), has been examined by the signatory and is, to the best of the |  |  |  |

| Name of Person Filing Donald Kanlewski   |  | File Number U-   |  |  |
|--|--|--|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |  |  |  |  |
| 8 Name and address of Business (including trade name, if any)  Name Mike Kelly, Kelly Press  Trade Name, if any  P O Box, Bidg, Room No, if any  Street 1701 Cabin Branch Drive  City Cheverly  State Maryland ZIP Code + 4 20785-3820   | 9 Business deals with  a Labor Organiza  b Trust  c Employer   | ation  |  |  |
| 10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bidg, Room No, if any  Street  City  State  ZIP Code + 4   | 11 a Nature of such deal Kelly Press provid Laborers' Internat  11 b Approximate dollar val  12 a Nature of interest hele February 2004 Boy fees), Food & Liba unknown, best est | des printing service ional Union of Notice ional Union ional Union ional Union of Notice ional Union ion | UNKNOWN  1 & lane rental d spouse Amount   |  |
|  | 12 b Amount  |  |  |  |
| C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money   |  |  |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name NJ Laborers-Employers Coop & Education Trust  Trade Name, if any  PO Box, Bldg, Room No, if any Suite 301  Street 104 Interchange Place  City Monroe Township  State New Jersey  ZIP Code + 4 08831-2038  | 14 a Nature of payment  3/2/04 Dinner for Ireland Reception \$60   |  | Friends of n, best estimate  |  |
| 13 b is the Business an Employer or Consultant 2   | 14 b Amount of payment   |  | and the state of t |  |

| Name of Person Filing    | Donald | Kanlewski |
|--------------------------|--------|-----------|
| rianie or i arabir i mig | DOMATO | VanteApvi |

| F | ı   | Ni |    | ıbe | r I | ı. |
|---|-----|----|----|-----|-----|----|
| П | ııe | IN | um | we  | ſι  | ŀ  |

| Part C Continuation Page  |  |  |  |
|---|--|--|--|
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value | and B above) or from any labor relations consultant to an employer any   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)                      | 14 a Nature of payment   |  |  |
| Name Laborers-Employers Coop & Education Trust  | 4/6/04 Pacific Southwest Regional Conference, Dinner   |  |  |
| Trade Name, If any  |  |  |  |
| PO Box, Bidg , Room No , if any   |  |  |  |
| Street 905 16th Street, N W   |  |  |  |
| City Washington   |  |  |  |
| State District of Columbia ZIP Code + 4 20006-1703  | Nay year-under sichlarism (Nay year-under sichla |  |  |
| 13 b Is the Business an Employer or Consultant?   | 14 b Amount of payment \$135}  |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value | and B above) or from any labor relations consultant to an employer any   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)                      | 14 a Nature of payment   |  |  |
| Name Construction Industry Round Table  | 4/26/04 Construction Industry Round Table Event, Dinner Amount unknown, best estimate \$25 to \$75   |  |  |
| Trade Name, If any  |  |  |  |
| PO Box, Bldg , Room No , if any Suite 608   |  |  |  |
| Street 1101 17th Street, NW   |  |  |  |
| City Washington   | e vermente   |  |  |
| State District of Columbia ZIP Code + 4 20036-4734  |  |  |  |
| 13 b Is the Business an Employer S oi Consultant ?  | 14 b Amount of payment   |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value | and B above) or from any labor relations consultant to an employer any   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)                      | 14 a Nature of payment   |  |  |
| Name NY Laborers-Employers Coop & Education Trust   | 8/12/04 New York Tri-Fund Meetings, Reception for self and spouse Amount unknown, best estimate \$70 to \$80   |  |  |
| Trade Name, If any  |  |  |  |
| P O Box, Bldg , Room No , if any  |  |  |  |
| Street 18 Corporate Woods Bvld  | v v v  |  |  |
| City Albany   |  |  |  |
| State New York ZIP Code + 4 12211-2344  |  |  |  |
| 13 b Is the Business an Employer or Consultant 7  | 14 b Amount of payment   |  |  |

|                             |             | <br>           | · |
|-----------------------------|-------------|----------------|---|
| Name of Person Filing Donal | d Kanlewski | File Number U- |   |
|                             |             | <br>           |   |

### Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8 Name and address of Business (including trade name, if any) | 9 Business deals with   |              |
|---|---|--------------|
| Name Union Plus/Union Privilege                               | a Labor Organization  |              |
| Trade Name, if any  | a Labor Organization  |              |
| PO Box, Bldg, Room No, if any Suite 3000                      | b Trust   |              |
| Street 1125 15th Street, NW                                   | c Employer  |              |
| City Washington   |   |              |
| State District of Columbia ZIP Code + 4 20005-2707            |   |              |
| 10 If 9 b or 9 c is checked give trust or employer's name     | 11 a Nature of such dealing   |              |
| Name  | Union Plus/Union Privilege provides a broad range of consumer benefit programs to members of the Laborers' International Union of North America |              |
| Trade Name, if any  | Habbiers international Union of North America   | 1            |
| P O Box, Bldg , Room No , if any                              |   | *            |
| Street  |   |              |
| City  |   |              |
|   | Filtre  | 4            |
| State ZIP Code + 4  | 11 b Approximate dollar value of such dealing   |              |
|   | 12 a Nature of interest held or income received   | <b>-</b> - 1 |
|   | 7/22/04 Baseball game, four tickets   |              |
|   |   |              |
|   |   | -            |
|   |   |              |
|   |   |              |
|   |   |              |
|   | 12 b Amount \$41  | .2           |

| Name of Person Filing | Donald | Kanzeweki |
|-----------------------|--------|-----------|
|                       |        |           |

File Number U-

## Part C Continuation Page

| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value  | and B above) or from any labor relations consultant to an employer any   |  |  |
|--|--|--|--|
| 13 a Name and address of Employer or Labor Relations Consultant (including   | 14 a Nature of payment   |  |  |
| trade name, if any)  | 8/13/04 New York Tri-Fund Meetings, Dinner for   |  |  |
| Name NY Laborers-Employers Coop & Education Trust  | self and spouse Amount unknown, best estimate \$60 to \$90   |  |  |
| Trade Name, if any   |  |  |  |
| P O Box, Bldg , Room No , if any   |  |  |  |
| Street 18 Corporate Woods Bvld   |  |  |  |
| City Albany  |  |  |  |
| State   New York   ZIP Code + 4   12211-2344   |  |  |  |
| 13 b Is the Business an Employer or Consultant ?   | 14 b Amount of payment   |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value  | and B above) or from any labor relations consultant to an employer any   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)   | 14 a Nature of payment   |  |  |
| Name NY Laborers-Employers Coop & Education Trust  | 12/3/04 New York Tri-Fund Meetings, Lunch<br>Amount unknown, best estimate \$30  |  |  |
| J. Bernander from the control of the |  |  |  |
| Trade Name, If any   |  |  |  |
| P O Box, Bidg Room No , if any   |  |  |  |
| Street 18 Corporate Woods Bvld   |  |  |  |
| City Albany  |  |  |  |
| State New York ZIP Code + 4 12211-2344   |  |  |  |
| 13 b Is the Business an Employer or Consultant ?   | 14 b Amount of payment   |  |  |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value  | and B above) or from any labor relations consultant to an employer any   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)   | 14 a Nature of payment   |  |  |
| Name NY Laborers-Employers Coop & Education Trust  | 12/3/04. New York Tri-Fund Meetings, Dinner<br>Amount unknown, best estimate \$45 to \$55  |  |  |
| Trade Name, if any   |  |  |  |
| P O Box, Bidg , Room No , if any   |  |  |  |
| Street 18 Corporate Woods Bvld   |  |  |  |
| City Albany  |  |  |  |
| State New York ZIP Code + 4 12211-2344   | The state of the s |  |  |
| 13 b Is the Business an Employer or Consultant?  | 14 b Amount of payment   |  |  |

# Addenda to Form LM-30: Labor Organization Officer and Employee Report

DONALD J. KANIEWSKI

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Attachment 1 of 1

Page 1 of 2

#### ADDENDUM A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

### ADDENDUM B

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published. Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635-205

### ADDENDUM C

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

#### ADDENDUM D

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

# Addenda to Form LM-30: Labor Organization Officer and Employee Report

DONALD J. KANIEWSKI

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Attachment 1 of 1

Page 2 of 2

### ADDENDUM E

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received

#### ADDENDUM F

I am not reporting any benefits that I may have received from a political action committee ("PAC") My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act

#### ADDENDUM G

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance

#### ADDENDUM H

I am not reporting certain benefits that I received from the New York State Laborers - Employers Cooperation and Education Trust, the New York State Laborers' Health and Safety Fund, and the New York State Political Action Committee, collectively the "New York Tri-Funds" Throughout the course of completing my LM-30 report, the Laborers' International Union North America ("LIUNA"), my employer, learned that the New York Tri-Funds had paid for certain meeting expenses (lodging) on my behalf in 2004, which should have been paid for by LIUNA. It is my understanding that LIUNA has reimbursed the New York Tri-Funds for those benefits (lodging). To that extent, certain benefits (lodging) that may have been initially provided to me by the New York Tri-Funds in 2004, actually have been provided by LIUNA, and, as such, would not be reportable

Donald J Kaniewski Legal & Political Director Laborers' International Union of North America 905 16<sup>th</sup> Street, NW Washington, DC 20006

August 15, 2005

U S Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D C 20210

> Re: Form LM-30 Filing for Donald J. Kaniewski, U-Labor Organization File No. 000 - 131

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

U S Department of Labor August 15, 2005 Page 2

lawfully reported benefits that I received in 2004 By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U S C 432, or that I did not receive such items within the provisions of 29 U S C 186(c)

Sincerely,

Donald J Kaniewsk

Enclosure